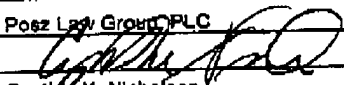


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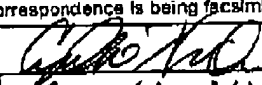
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/692,793
		Filing Date	10/27/2003
		First Named Inventor	Lee
		Art Unit	2176
		Examiner Name	Quoc A. TRAN
Total Number of Pages in This Submission	35	Attorney Docket Number	113708.129

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page) <input type="checkbox"/> Check Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.63	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Brief - 30 pages) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Appeal Transmittal Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card form in the amount of \$270 (1 page)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Posz Law Group, PLC
Signature	
Printed name	Cynthia K. Nicholson
Date	5 December 2008
Reg. No.	38,680

CERTIFICATE OF TRANSMISSION/MAILING

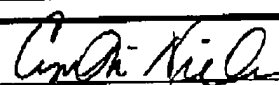
I hereby certify that this correspondence is being facsimile transmitted to the USPTO (571-273-8300) on the date shown below.	
Signature	
Typed or printed name	Cynthia Nicholson
Date	5 December 2008

DEC 05 2008

FEE TRANSMITTAL		Application Number 10/692,793 Filing Date 10/27/2003 First Named Inventor Lee Examiner Name Quoc A. TRAN Art Unit 2176 Attorney Docket No. 113708.129	
<input checked="" type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 555 + 270 = 825			

METHOD OF PAYMENT (check all that apply)	
<input checked="" type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-1147 Deposit Account Name: Posz Law Group, PLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	330	165	540	270	220	110	\$
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	640	270	650	325	
Provisional	220	110	0	0	0	0	
2. EXCESS CLAIM FEES							
<u>Fee Description</u>							<u>Small Entity</u>
							<u>Fee (\$)</u>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							52
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							220
Multiple dependent claims							390
							195
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>			
	- 20 or HP =	x		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
HP = highest number of total claims paid for, if greater than 20							
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				
	- 3 or HP =	x					
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$270 (\$135 for small entity)							
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.18(e).							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
- 100 =	/ 50 =	(round up to a whole number) x					
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other: Charge \$270 (Appeal Brief to Credit Card Check for \$555 (3-month extension, small entity)							825

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent) 36,880	Telephone (703) 707-9110
Name (Print/Type)	Cynthia K. Nicholson	Date 5 December 2008	